

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 470)**

Serial No. **09/363456**  
Applicant(s)

Filing Date

**3/5/02 8/28/02 CLAIMS**

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	INO.	OFF.	INO.	OFF.	INO.	OFF.
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TOTAL	3	1	3	1	3	1
TOTAL	14		14		15	
TOTAL	17		17		18	

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# CLAIMS ONLY

REPORT NO. 09/363456 FILING DATE \_\_\_\_\_  
 APPLICANT(S) \_\_\_\_\_

4/21/03

## CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
NO.	DCP.	NO.	DCP.	NO.	DCP.	NO.	DCP.	NO.	DCP.	NO.	DCP.
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TOTAL NO.	30										
TOTAL DCP.	15										
TOTAL CLAIMS	45										
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TOTAL NO.											
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TOTAL CLAIMS											

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-2021 (1-74)

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